

## APPLICATION FOR PRIVATE PESTICIDE CERTIFICATION

Expiration Date

CERTIFICATION TYPE: 038 PRIVATE PESTICIDE APPLICATOR  
TO BE ADDEDMAIL TO: N.C. Department of Agriculture & CS  
Structural Pest Control and Pesticides Div.  
1090 Mail Service Center  
Raleigh, NC 27699-1090

FILE NUMBER:

PLEASE PRINT AND ATTACH YOUR EXAMINATION SCORE TO THIS APPLICATION.

Applicator Name \_\_\_\_\_

Mail Address \_\_\_\_\_

City \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

## Exam Serial #

Farm Name:

Physical Address:

City:

State:

Zip Code:

Phone(Home)

(Farm)

County:

**INSTRUCTIONS:** The information that you provide will be used to prepare your certification card.

- Since you have passed your pesticide exam, you are eligible to be certified.
- Please examine your address above carefully and make any necessary changes.
- Provide your county and phone number. (Required)
- Provide the farm name and farm mailing address. (Required)
- **Sign on the line below after reading the attestation statement Signature Required.**
- Answer the questions below as thoroughly as possible.
- Application should be returned with a check or money order in the amount of \$6.00 made payable to NCDA&CS. **PLEASE DO NOT SEND CASH.**

For the farm location listed above do you serve as the: (Please mark in the appropriate box)

Owner

☐

Employee

☐

Other (manager, family member, etc.)

☐**Crops Grown :** List crops grown (to which you apply pesticides) and approximate acreage of top three crops (in North Carolina):

Crop: 1

Crop: 2

Crop: 3

Acreage:

Acreage:

Acreage:

Do you or your employer own or operate a farm, greenhouse, nursery, or timber production establishment in any other State?

Yes

☐

No

☐

If yes which State(s):

**Certification:** Have you ever been certified, or are you currently certified, in any other State?

Yes

☐

No

☐

If yes which State(s):

Do you or your employer provide housing to any employee(s) other than immediate family?

Yes

☐

No

☐

Return this original application to:

NCDA & CS, STRUCTURAL PEST CONTROL  
& PESTICIDES DIVISION  
1090 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1090**TOTAL AMOUNT DUE: \$6.00****ATTESTATION (PLEASE READ):**

By signing below, I hereby confirm that I am a producer of an agricultural commodity and that I understand my legal responsibilities for pesticide use in accordance with product labels and for direct supervision of all individuals making pesticide applications under my certification.

**SIGNATURE REQUIRED: X** \_\_\_\_\_